## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5830/8

FILING DATE

APPLICANT(S

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|               | <u></u>        |                | ======================================= |                | DMENT         | ₩.          | 2 ™ AMENDMENT |  |  |
| 1             | IND            | . DEP          | · IN                                    | D.             | DEF           | ٠.          | IND.          | DEF  |  |
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| FAL IND.      |                | ₽              | 4                                       |                | $\Gamma$      |             |               |  |  |
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| OTAL<br>LAIMS |                |                | 35                                      |                |               |             |               |  |  |

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| 91              | ł  | ╁            |      | ╟            |                   | ├        |             | -                                       |                   |              |          |  |
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| OTAL DEP        |  | C.           |      | _            |                   | ¢.       |             |   |                   | <u> </u>     | ]        |  |
| TOTAL<br>CLAIMS |  |              |      |              | NT of CC          | ALCOHOL: |             |   |                   |              |          |  |

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